Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/668/19

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
FOR			NUMBE	IBER FILED NU			IUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE								Ī		345.00	OR		690.00
TOTAL CLAIMS			36	minus :	20=	* 16			X\$ 9=	144.00	OR	X\$18=	
IND	EPENDENT CL	AIMS	سختر	minus	3 =	* 2/		ľ	X39=	78,00	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						ļ	+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	507.00	į	TOTAL	·	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A	B	REN A	_AIMS MAINING FTER NDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		33	Minus	**	3b	=		X\$ 9=		OR	X\$18=	
	Independent		5	Minus	**		7		X39=		OR	X78=	
	FIRST PRESE	NIAII	ON OF MU	JLTIPLE DE	PEN	DENT CLAIM			+130=		OR	+260=	
			•.					L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		_	lumn 1)		(Column 2)	(Column 3)		ODII. I EE I		•	ADDIT: 1 EE	
AMENDMENT B	\subset	RE	LAIMS MAINING AFTER NDMENT		F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3	3公	Minus	**	36	=/		X\$ 9=		OR	X\$18=	
	Independent	*	5	Minus	**		<i>F</i>		X39=		OR	X78=	
	FIRST PRESE	NTATI	ON OF MU	JLTIPLE DE	PEN	DENT CLAIN	,		+130=		OR	+260=	
								L	TOTAL			TOTAL	
		(Cc	olumn 1)		(Column 2)	(Column 3)	P	ADDIT. FEE I			ADDIT. FEE	
AMENDMENT C		REI	LAIMS MAINING AFTER NDMEN!T			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus		**	=		X39=		OR	X78=	
	FIRST PRESE	ENTAT	ION OF MI	JLTIPLE DE	PEN	IDENT CLAIM	1	1	+130=			+260=	
 - 	If the entry in colu	ımn 1 is	less than th	ne entry in col	umn	2, write "0" in co	olumn 3. an 20. antor "20.1	L	TOTAL		OR OR	TOTAL	

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/668/19

Total Fee Calculation

Total ree Calculation										
	Fee Code	Total ≅ Claims	Number Extra	X	Fee	- Fee		Total		
••	Sm.Lg.				Sm. Eatity	Lg. Eatir	<u>, </u>	_		
Basic Filing Fee	201/10!				345.00	·	æ	<u>345.</u> 90		
Total Claims >20	203/103	36 -20 =	16	Х	9,00		=	144,00		
ladependent Claims >3	202/102	5 .; =	<u> </u>	Х	39,00		=	78,00		
Multi Dep Claim Present	204/104					-	=			
Swicharge	205/105				65,00	<u></u>	=	65,00		
English Translation	139									
TOTAL FEE CALCUL	ATION						•	632.0		
Fees due upon filing t	be application:					•		0.35		
Total Filing Fees Due	= 5	63200								
Total Filing Fees Due = S 630.00										
Less Filing Fees Submitted - S										
										
BALANCE DUE	= S <u>(</u>	32,00								
Office of Initial Patent	Examination									

FORM OPE-RAM-01 (Rev. 12/97)